



QUALIFIED SCHOOL CONSTRUCTION BOND

ALLOCATION REQUEST

School Corporation _____ Corporation Number _____

Corporation Contact Person:
Title:
Address:
Phone:
Email:
Amount of QSCB allocation being requested: \$ _____ (maximum \$10,000,000)

Bond Counsel Information

Firm Name:
Contact Person, Title:
Address:
Phone:
Email:

The Board of Directors of above named school corporation applies for a Qualified School Construction Bond allocation as authorized by ARRA and described in IRS/Treasury Notice 2009-35. The state of Indiana is not responsible for issuing, purchasing, or guaranteeing the bonds in any way.

Attachments required:

1. A detailed description of the work to be financed through the QSCB.
2. Project budget, detailing both total project costs and revenue sources.
3. Date construction is expected to begin and permitting status as of application date.
4. Evidence of successful completion of petition-remonstrance process.
5. If land is to be purchased with the QSCB allocation, building project plan must be submitted.

Please check all that apply:

Percentage of free/reduced lunch students	Enrollment Growth from 2007 to 2008	Was school corporation awarded a QZAB in 2007 or 2008?
_____ 0 – 35 %	_____ 0 – 10%	_____ No
_____ 36 – 50%	_____ 11 – 25 %	_____ Yes
_____ 51% and above	_____ 25% and above	\$ _____ Dollar amount of award(s)

Assurances

- One hundred percent of the proceeds of this bond will be used for qualified construction, rehabilitation, or repair of a public school facility or for the acquisition of land on which such a facility is to be constructed.
- The issuer of the bonds will comply with applicable provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, including labor standards in section 1601 and 1606 and Buy American provisions in section 1605.
- The issuer of the bonds will make reports to the Department of Education as required.
- The bonds will be issued within 120 days of approval. If not, the state may redirect the allocation to another school corporation.

I certify to the best of my knowledge, the information provided with this application is true and correct and is in compliance with statutes and with administrative provisions of the Indiana Department of Education. The School Board of Directors for the above named school corporation has authorized me to sign this application on its behalf.

_____ Signature of Superintendent	_____ Date
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Submittal Address: Indiana Department of Education
Attn: Peggy Smith
151 W. Ohio St.
Indianapolis, IN 46204

INDIANA DEPARTMENT OF EDUCATION USE:

Complete application received (date): _____

Application approval status: _____ Amount of Allocation: \$ _____

Comments: _____

Authorized Signature: _____